

State of Connecticut
Electronic Filing Test Package
Tax Year 2005
State changes are bolded

Form: CT-1040NR/PY

Test: **400-00-5711**

Based off Federal Test: 400-00-1011

Name: Test N Blownapart

Home Address: (781 WATERLOO WAY)
City, State, and Zip: (NAPOLEON MI 49261)

Form W-2 #1:

b. Employers identification number: (38-3838196)
c. Employers name address and Zip Code: (WELDERS R WE)

Box 15 State and State ID Number: (**CT 0018040-000**)
Box 16 State Wages: (11500)
Box 17 State Income tax withheld: (**10**)

Form W-2 #2:

b. Employers identification number: (38-1425336)
c. Employers name address and Zip Code: (BONDO MAGIC COMPANY)

Box 15 State and State ID Number: (**CT 1107039-000**)
Box 16 State Wages: (10800)
Box 17 State Income tax withheld: (**0**)

Paper Check/Credit Card for Balance Due



0503100019

20

Form CT-1040NR/PY- 2005

DRS Use Only

Connecticut Nonresident and Part-Year Resident Income Tax Return

Other taxable year, beginning:

2005

and ending:

400 - 00 - 5711

- -

S

MFJ/QW

MFS

Y

HH

TEST

N BLOWNAPART

• Deceased

PY

• Deceased

Y

NR

781 WATERLOO WAY

No forms

CT-2210

NAPOLEON

MI 49261 -

• CT-8379

• Sch. CT-1040 CRC

•

1. Federal adjusted gross income (From federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4)

1. 22300

2. Additions to federal adjusted gross income (From Schedule 1, Line 41)

2.

3. Add Line 1 and Line 2

3. 22300

4. Subtractions from federal adjusted gross income (From Schedule 1, Line 52)

4.

5. **Connecticut Adjusted Gross Income** (Subtract Line 4 from Line 3)

5. 22300

6. Income from Connecticut sources (From Schedule CT-SI, Line 30)

6. 22300

7. Enter the greater of Line 5 or Line 6 (If zero or less, go to Line 12 and enter "0")

7. 22300

8. Income Tax (From Tax Tables or Tax Calculation Schedule)

8. 25

9. Divide Line 6 by Line 5 (If Line 6 is equal to or greater than Line 5, enter 1.0000)

9. 1.0000

10. Multiply Line 9 by Line 8

10. 25

11. Credit for income taxes paid to qualifying jurisdictions (From Schedule 2, Line 61)

11.

12. Subtract Line 11 from Line 10 (If Line 11 is greater than Line 10, enter "0".)

12. 25

13. Connecticut Alternative Minimum Tax (From Form CT-6251)

13.

14. Add Line 12 and Line 13.

14. 25

15. Adjusted Net Connecticut Minimum Tax Credit (From Form CT-8801)

15.

16. **Connecticut Income Tax** (Subtract Line 15 from Line 14. If less than zero, enter "0".)

16. 25

17. Individual Use Tax (From Schedule 3, Line 62) If no tax is due, enter "0"

17. 0

18. **Total Tax** (Add Line 16 and Line 17)

18. 25

Clip Check or Money Order here (Do Not Staple).
Do Not Send W-2, W-2G, or 1099 Forms.



0503100019

0503100019



19. Amount from Line 18

19.

25

W-2, W-2G, and 1099 Identification Information (only enter if Connecticut income tax was withheld)

	Column A Employer's Federal ID #	Column B Connecticut Wages, Tips, etc.	Sch. CT K-1	Column C Connecticut Income Tax Withheld
20a.	38 - 3838196	• 11500	•	10
20b.	38 - 1425336	• 10800	•	0
20c.	-	•	•	
20d.	-	•	•	
20e.	-	•	•	
20f.	-	•	•	
20g.	-	•	•	

20h. Additional Connecticut withholding (From Supplemental Schedule CT-1040WH, Line 3) 20h.

20. **Total Connecticut Income Tax Withheld** (Add the amounts in Column C)

20.

10

21. All 2005 estimated tax payments and any overpayments applied from a prior year

21.

22. Payments made with Form CT-1040EXT

22.

23. **Total Payments** (Add Lines 20, 21, and 22)

23.

10

24. Overpayment (If Line 23 is more than Line 19, subtract Line 19 from Line 23.)

24.

25. Amount of Line 24 you want **applied to your 2006 estimated tax**

25.

26. Total Contributions of Refund to Designated Charities (From Schedule 4, Line 63)

26.

27. **Refund** (Subtract Lines 25 and 26 from Line 24)

27.

27a. Acct. Type

Ck.

Sv.

27b. Rout. #

27c. Acct. #

28. **Tax Due** (If Line 19 is more than Line 23, subtract Line 23 from Line 19.)

28.

15

29. If Late: Enter Penalty (Multiply Line 28 by 10% (.10).)

29.

30. If Late: Enter Interest (Multiply Line 28 by number of months late or fraction thereof, then by 1% (.01).)

30.

31. Interest on underpayment of estimated tax (From Form CT-2210.)

31.

32. **Total Amount Due** (Add Lines 28 through 31)

32.

15

I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Sign Here
Keep a copy for your records.

Your Signature		Date	Daytime Telephone Number
•		•	•
Spouse's Signature (if joint return)		Date	Daytime Telephone Number
•		•	•
Paid Preparer's Signature	Date	Telephone Number	Preparer's SSN or PTIN
•	•	•	P20000441
Firm's Name, Address, and ZIP Code			FEIN
•			56-1494243

Third Party Designee - Complete the following if you wish to authorize DRS to contact another person about this return.

Designee's Name	Telephone Number	Personal Identification Number (PIN)
•	•	•

0503200017

0503200017



Schedule 1 - Modifications to Federal Adjusted Gross Income

33. Interest on state and local government obligations other than Connecticut 33.
34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations 34.
35. *Allocated for future use* • 35.
36. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income 36.
37. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if greater than zero) 37.
38. Loss on sale of Connecticut state and local government bonds 38.
39. *Allocated for future use* • 39.
40. Other - specify • 40.
41. **Total Additions** (Add Lines 33 through 40) 41.
42. Interest on U.S. government obligations 42.
43. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations 43.
44. Social Security benefit adjustment (From Social Security Benefit Adjustment Worksheet) 44.
45. Refunds of state and local income taxes 45.
46. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities 46.
47. Special depreciation allowance for qualified property placed in service during the preceding year(s) 47.
48. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if less than zero) 48.
49. Gain on sale of Connecticut state and local government bonds 49.
50. *Allocated for future use* • 50.
51. Other - specify • 51.
52. **Total Subtractions** (Add Lines 42 through 51) 52.

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

53. Connecticut AGI during residency portion of taxable year 53.
- | | Col. A | Col. B |
|--|--------|--------|
| 54. Enter qualifying jurisdiction's name and two-letter code 54. • | • | • |
| 55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (From Schedule 2 Worksheet) 55. | | |
| 56. Divide Line 55 by Line 53 (May not exceed 1.0000) 56. | • | • |
| 57. Apportioned income tax 57. | | |
| 58. Multiply Line 56 by Line 57 58. | | |
| 59. Income tax paid to a qualifying jurisdiction 59. | | |
| 60. Enter the lesser of Line 58 or Line 59 60. | | |
| 61. Total credit (Add Line 60, all columns). 61. | | |





Form CT-1040NR/PY, Page 4 0503400013

- 400005711

Schedule 3 - Individual Use Tax Worksheet

Column A

Column B

Column C

Column D

Column E

Column F

Column G

-
-
-
-
-
-
- Total of individual purchases under \$300 not listed above

62. Individual Use Tax (Add all amounts for Column G.)

- 62.

Schedule 5 - Contributions

63a. AR

63b. OT

63c. ES/W

63d. BCR

63e. SNS

63f. MFRF

63. Total Contributions (Add Lines 63a through 63f)

63a.

63b.

63c.

63d.

63e.

63f.

63.

0503400013

0503400013

2005

Schedule CT-SI
Nonresident or Part-Year Resident
Schedule of Income From Connecticut Sources

Use this schedule if you were a Nonresident or Part-Year Resident of Connecticut
Complete and Attach to Form CT-1040NR/PY

Your First Name and Middle Initial	Last Name	Your Social Security Number
		____ : ____ : ____
If Joint Return, Spouse's First Name and Middle Initial	Last Name	Spouse's Social Security Number
		____ : ____ : ____

See instructions on Page 25 before completing this schedule.

PART 1 — Connecticut Income — Part-Year Residents: Complete **Schedule CT-1040AW, Part-Year Resident Income Allocation**. Add Columns B and D for each line of **Schedule CT-1040AW** and enter the totals on Lines 1 through 30 below. **Nonresidents:** Enter income received from Connecticut sources.

1. Wages, salaries, tips, etc.	1		
2. Taxable interest	2		
3. Ordinary dividends	3		
4. Alimony received	4		
5. Business income or (loss)	5		
6. Capital gain or (loss)	6		
7. Other gains or (losses)	7		
8. Taxable amount of IRA distributions	8		
9. Taxable amount of pensions and annuities	9		
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc.	10		
11. Farm income or (loss)	11		
12. Unemployment compensation	12		
13. Taxable amount of social security benefits	13		
14. Other income (Including lump-sum distributions)	14		
15. Gross income from Connecticut sources (Add Lines 1 through 14.)	15		00

PART 2 — Adjustments To Connecticut Income — Enter adjustments that are **directly** related to income reported above.

16. Educator expenses	16		
17. Certain business expenses of reservists, artists, and fee-basis government officials	17		
18. Health savings account deduction	18		
19. Moving expenses	19		
20. One-half of self-employment tax	20		
21. Self-employed SEP, SIMPLE, and qualified plans	21		
22. Self-employed health insurance deduction	22		
23. Penalty on early withdrawal of savings	23		
24. Alimony paid. Recipient's last name: _____ SSN ____ - ____ - ____	24		
25. IRA deduction	25		
26. Student loan interest deduction	26		
27. Tuition and fees deduction	27		
28. Domestic production activities deduction	28		
29. Total adjustments (Add Lines 16 through 28.)	29		
30. Income from Connecticut sources (Subtract Line 29 from Line 15.) Enter the amount here and on Form CT-1040NR/PY , Line 6	30		00

Employee Apportionment Worksheet — Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. **Do not Complete Lines A through G if you know the exact amount of your Connecticut source income.** (See instructions, Page 29.)

A. Working days (or other basis) outside Connecticut	A	
B. Working days (or other basis) inside Connecticut	B	
C. Total working days (Add Line A and Line B.)	C	
D. Nonworking days (Holidays, weekends, etc.)	D	
E. Connecticut ratio (Divide Line B by Line C. Round to four decimal places.)	E	.
F. Total income being apportioned	F	
G. Connecticut income (Multiply Line E by Line F.) Enter here and on Schedule CT-SI , Line 1 Basis, if other than working days: _____	G	

COMPLETE AND ATTACH TO FORM CT-1040NR/PY

Label

(See instructions on page 16.)

Use the IRS label.

Otherwise, please print or type.

Presidential

Election Campaign

L
A
B
E
L

H
E
R
E

For the year Jan. 1–Dec. 31, 2005, or other tax year beginning , 2005, ending , 20

OMB No. 1545-0074

Your first name and initial

Last name

Your social security number

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 16.

Apt. no.

▲ You must enter your SSN(s) above. ▲

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

Checking a box below will not change your tax or refund.

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) ▶ ☐ You ☐ Spouse

Filing Status

Check only one box.

1 ☐ Single2 ☐ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶4 ☐ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶5 ☐ Qualifying widow(er) with dependent child (see page 17)

Exemptions

6a ☐ Yourself. If someone can claim you as a dependent, do not check box 6ab ☐ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 18)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Boxes checked on 6a and 6b

No. of children on 6c who:

• lived with you

• did not live with you due to divorce or separation (see page 18)

Dependents on 6c not entered above

Add numbers on lines above ▶

d Total number of exemptions claimed

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 19.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2
- 8a Taxable interest. Attach Schedule B if required
- b Tax-exempt interest. Do not include on line 8a
- 8b
- 9a Ordinary dividends. Attach Schedule B if required
- b Qualified dividends (see page 20)
- 9b
- 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20)
- 11 Alimony received
- 12 Business income or (loss). Attach Schedule C or C-EZ
- 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐
- 14 Other gains or (losses). Attach Form 4797
- 15a IRA distributions
- 15b Taxable amount (see page 22)
- 16a Pensions and annuities
- 16b Taxable amount (see page 22)
- 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
- 18 Farm income or (loss). Attach Schedule F
- 19 Unemployment compensation
- 20a Social security benefits
- 20b Taxable amount (see page 24)
- 21 Other income. List type and amount (see page 24)
- 22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶

Adjusted Gross Income

- 23 Educator expenses (see page 26)
- 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ
- 25 Health savings account deduction. Attach Form 8889
- 26 Moving expenses. Attach Form 3903
- 27 One-half of self-employment tax. Attach Schedule SE
- 28 Self-employed SEP, SIMPLE, and qualified plans
- 29 Self-employed health insurance deduction (see page XX)
- 30 Penalty on early withdrawal of savings
- 31a Alimony paid b Recipient's SSN ▶
- 32 IRA deduction (see page XX)
- 33 Student loan interest deduction (see page XX)
- 34 Tuition and fees deduction (see page XX)
- 35 Domestic production activities deduction. Attach Form 8903
- 36 Add lines 23 through 31a and 32 through 35
- 37 Subtract line 36 from line 22. This is your adjusted gross income ▶

Tax and Credits**Standard Deduction for—**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 31.

• All others:
Single or Married filing separately, \$5,000

Married filing jointly or Qualifying widow(er), \$10,000

Head of household, \$7,300

38	Amount from line 37 (adjusted gross income)	38	
39a	Check <input type="checkbox"/> You were born before January 2, 1941, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
	if: <input type="checkbox"/> Spouse was born before January 2, 1941, <input type="checkbox"/> Blind.		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	
41	Subtract line 40 from line 38	41	
42	If line 38 is \$109,475 or less, multiply \$3,200 by the total number of exemptions claimed on line 6d. If line 38 is over \$109,475, see the worksheet on page 33	42	
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	
44	Tax (see page 33). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	
45	Alternative minimum tax (see page 35). Attach Form 6251	45	
46	Add lines 44 and 45	46	
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Credit for the elderly or the disabled. Attach Schedule R	49	
50	Education credits. Attach Form 8863	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit (see page 37). Attach Form 8901 if required	52	
53	Adoption credit. Attach Form 8839	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	54	
55	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	55	
56	Add lines 47 through 55. These are your total credits	56	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	

Other Taxes

58	Self-employment tax. Attach Schedule SE	58	
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	
65	2005 estimated tax payments and amount applied from 2004 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election <input type="checkbox"/> 66b		
67	Excess social security and tier 1 RRTA tax withheld (see page 54)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see page 54)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Add lines 64, 65, 66a, and 67 through 70. These are your total payments	71	

Refund

Direct deposit? See page 54 and fill in 73b, 73c, and 73d.

72	If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid	72	
73a	Amount of line 72 you want refunded to you	73a	
b	Routing number <input type="text"/>	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number <input type="text"/>		
74	Amount of line 72 you want applied to your 2006 estimated tax	74	

Amount You Owe

75	Amount you owe. Subtract line 71 from line 63. For details on how to pay, see page 55	75	
76	Estimated tax penalty (see page 55)	76	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 56)? ☐ **Yes.** Complete the following. ☐ **No**

Designee's name Phone no. () Personal identification number (PIN)

Sign Here

Joint return? See page 17. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number ()
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature <input type="text"/>	Date <input type="text"/>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN <input type="text"/>
Firm's name (or yours if self-employed), address, and ZIP code <input type="text"/>	EIN <input type="text"/>	Phone no. () <input type="text"/>	

